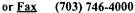
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

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12/03/2003

KIMBERLY-CLARK WORLDWIDE, INC 401 NORTH LAKE STREET

**NEENAH, WI 54956** 

MAR 0 5 2004 2 3

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Christos S. Kyriakou (Depositor's name)

(Signature)

March 1, 2004 (Date)

 APPLICATION NO.
 FILING DATE
 FIRST NAMED INVENTOR
 ATTORNEY DOCKET NO.
 CONFIRMATION NO.

 09/944,774
 08/31/2001
 Ali Yahiaoui
 14,832
 1811

TITLE OF INVENTION: SURFACTANT SYSTEMS FOR PERSONAL CARE PRODUCTS

APPLN. TYPE	SMALL ENTITY	ISSUE FE	Έ	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$300	\$1630	03/03/2004
EXAMINER		ART UNI	Т	CLASS-SUBCLASS	]	
SALVATORE, LYNDA		1771		442-118000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			agents OP alternatively (2) the name of a single		iam W. Letson	
☐ Change of correspond Address form PTO/SB/1	ence address (or Change of (22) attached.	Correspondence	firm (havi	ng as a member a registered	attorney or 2 Chri	stos S. Kyriakou
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

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## Neenah, Wisconsin

4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):				
🗴 Issue Fee	☐ A check in the amount of the fee(s) is enclosed.				
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Advance Order - # of Copies 1	xx The Director is hereby authorized by charge the required fee(s), or credit any overpayme Deposit Account Number 11-0875 (enclose an extra copy of this form).				

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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